

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 07/01/2007  
through 12/31/2007

Date of election if applicable:  
(Month, Day, Year)  
11/07/2006

FILED  
JAN 29 2008  
CITY OF SANTA MARIA  
City Clerk  
CALIFORNIA  
FORM  
460  
Page 1 of 4  
For Official Use Only

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)  
☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)  
☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☐ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Alice Patino for City Council

Treasurer(s)

NAME OF TREASURER  
Tom Martinez  
MAILING ADDRESS  
2450 Professional Pkwy, Suite 220  
CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Maria, CA 93455 805-346-8407

STREET ADDRESS (NO P.O. BOX)  
2450 Professional Pkwy, Suite 220  
CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Maria, CA 93455 805-346-8407  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

Treasurer's  
MAILING ADDRESS  
2151 S College Drive, Suite 101  
CITY STATE ZIP CODE AREA CODE/PHONE  
Santa Maria, CA 93455 805-922-4881

CITY STATE ZIP CODE AREA CODE/PHONE  
OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-22-08  
Date  
Executed on  
Date  
Executed on  
Date  
Executed on  
Date

By Trent Benedetti  
Signature of Treasurer or Assistant Treasurer  
By Alice M. Patino  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.



## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Alice Patino			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
City Council Member City of Santa Maria			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
2450 Professional Pkwy, Suite 220	Santa Maria, CA		

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

## 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

## SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Alice Pabino for City Council

Statement covers period from 07/01/2007 through 12/31/2007	CALIFORNIA FORM <b>460</b>
Page 3 of 4	I.D. NUMBER 1227669

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions .....	Schedule A, Line 3 \$ 0.00	0.00	1/1 through 6/30 7/1 to Date
2. Loans Received .....	Schedule B, Line 3 0.00	0.00	
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ 0.00	0.00	20. Contributions Received \$ _____
4. Nonmonetary Contributions .....	Schedule C, Line 3 0.00	0.00	21. Expenditures Made \$ _____
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ 0.00	0.00	

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$ 91.65	\$ 191.90	<div>Candidates</div> <div>22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)</div> <div>Date of Election (mm/dd/yy)</div> <div>Total to Date</div>
7. Loans Made .....	Schedule H, Line 3	0.00	0.00	
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ 91.65	\$ 191.90	
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	0.00	0.00	
10. Nonmonetary Adjustment .....	Schedule G, Line 3	0.00	0.00	
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ 91.65	\$ 191.90	

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$	2,983.45	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is
13. Cash Receipts .....	Column A, Line 3 above		0.00	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4		0.00	
15. Cash Payments .....	Column A, Line 8 above		91.65	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$	2,891.80	

If this is a termination statement, Line 16 must be zero.

\*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse \$ 0.00

19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above \$ 0.00

Type or print in ink.  
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Alice Patino for City Council

CALIFORNIA  
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**460**

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I.D. NUMBER  
1227669

CAF	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PEI	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure, supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

[illegible]

SUBTOTAL\$	0.00
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1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	0.00
2. Unitemized payments made this period of under \$100	\$	91.65
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	91.65